

REFERENCES			
Please list two work, school, or personal references, not relatives, whom we may contact regarding your application.			
Name:		Relationship:	
Street address:			
City:	State:	Zip Code:	Telephone: (____)
Name:		Relationship:	
Street address:			
City:	State:	Zip Code:	Telephone: (____)

EDUCATION	
Highest year completed or current year in school (please circle): Grade: 10 11 12 College: 1 2 3 4 5+	Highest degree earned:
Major:	Name of School:
List any other formal training, skills, or experience that might be pertinent to volunteering at EP:	

MEDICAL EMERGENCY INFORMATION		
Primary contact name:	Relationship:	
Home phone: ()	Work Phone: ()	Cell Phone: ()
Primary contact name:	Relationship:	
Home phone: ()	Work Phone: ()	Cell Phone: ()
Personal Physician:		
Phone: (____)	Hospital preference:	
Please list any allergies, special medical needs or conditions that would be relevant during emergency situations:		

It is the policy of Exploration Place to comply with all applicable local, state and federal laws prohibiting discrimination in employment/volunteering based on race, religion, color, sex, age, national origin, disability or any other protected classification.

EMPLOYMENT HISTORY	
I am (check one): <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	
Employer:	
Occupation:	
Please complete this section of the form as it is applicable to your employment situation:	
Street address:	
City:	State: Zip Code:
Telephone: (____)	Fax: (____)
Name of supervisor:	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like us to keep your employer informed of your volunteer services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your employer offer a time-off program for volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your employer (OR FORMER EMPLOYER, IF RETIRED) offer a donation matching program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed at Exploration Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Position:
Do you have friends or relatives currently employed or volunteering at Exploration Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Relationship:
Name:	Relationship:

COMMUNITY SERVICE VOLUNTEERING	
(Exploration Place does not offer court-mandated volunteer services)	
If you are here through a community service program (school, club or organization) please indicate the following.	
Name of school or organization:	
Street address:	
City:	State: Zip Code: Telephone: (____)
Supervisor/Contact name:	
How many hours are you required to volunteer?	
By what date must you complete the required hours? ____/____/____	

Please return application to:	
Volunteer Coordinator Exploration Place 300 N. McLean Blvd. Wichita, KS 67203	Phone: 316.660.0653 Fax: 316.660.0670 Website: www.exploration.org